

## Client Intake Questionnaire - General

(Everyone must complete -- Please Print)

Name of Taxpayer (to be listed first on tax return):

First Name & Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_

*(Is this the name shown on your Social Security card? If not, you may NOT be able to file electronically)*

Home Address (number & street): \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Rank: (e.g. SrA, MSgt, 2Lt, Maj) \_\_\_\_\_ Squadron/Unit: \_\_\_\_\_

Grade: \_\_\_\_\_ \*Duty Phone & Hours: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Other Phone Where You Can Be Reached: \_\_\_\_\_

\* If non-military, give Business Phone & Hours.

Name of Spouse (to be listed second on tax return):

First Name & Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_

*(Is this the name shown on your Social Security card? If not, you may NOT be able to file electronically)*

Home Address (number & street): \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Rank: (e.g. SrA, MSgt, 2Lt, Maj) \_\_\_\_\_ Squadron/Unit: \_\_\_\_\_

Grade: \_\_\_\_\_ Duty Phone & Hours: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Other Phone Where You Can Be Reached: \_\_\_\_\_

\* If non-military, give Business Phone & Hours.

Do you have any dependents this year? Yes No [If yes, see *CIQ- Dependent Information and Child Care*]

IS IT POSSIBLE that an ex-spouse can claim any of these dependents? Yes No [Discuss with Tax Preparer]

IS IT POSSIBLE that either the Taxpayer or Spouse could be claimed as a dependent on someone else's tax return (such as a parent)? Yes No [Discuss with Tax Preparer]

IF MARRIED FILING JOINTLY, did the wife change her name with the Social Security Administration?  
Yes No [In order to file successfully electronically, the tax return must match SSA records]

Routing Transit Number for Electronically Deposited Refunds? \_\_\_\_\_

Account Number: \_\_\_\_\_ Savings or Checking? \_\_\_\_\_